

P/0000071882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

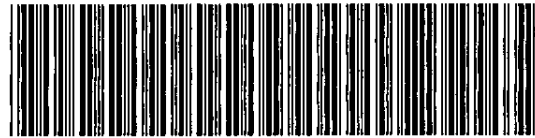
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
2011 MAR 08 PM 09:30

12 MAR - 8 AM 9:30

FILED

o/d Resign.

03/13/12

PC

COVER LETTER

To: Amendment Section
Division of Corporations

SUBJECT: TRI-TAX CORPORATION
(Name of Corporation)

DOCUMENT NUMBER: P10000071882

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Walter Bailey
(Name of Person)

TRI-TAX
(Name of Firm/Company)

1816 US Hwy 19
(Address)

HOLIDAY FL 34690
(City/State and Zip Code)

For further information concerning this matter, please call:

Walter Bailey at (813) 431-4352
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION
FOR A CORPORATION**

I, Walter Bailey, hereby resign as Vice President
(Title)

of Tri Tax Corp
(Name of Corporation)

P10000071882, a corporation organized under the laws of the State of
(Document Number, if known)

FLORIDA

[Signature]
(Signature of resigning officer/director)

STATE DEPT. OF STATE
ALL CHARGES IN FULL

12 MAR -8 AM 9:30

FILED

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314